

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 03/20/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOE, FL 34761	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Complaint Investigation #2017015860 was conducted on Inspired Living, License #12906, had a deficiency at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review and interview, the facility did not provide care and services appropriate to meet the needs to ensure the safety through proactive measures to minimize the potential for . . . , resulting in injuries for 1 of 5 sampled residents (#5), did not document a significant change, and did not notify the family and health care provider of the injuries and significant change for 1 of 5 sampled residents (#1)

Findings:

1. On at 11:30 AM, resident #1's family member said that resident #1 did not like the food and was not eating. She said because of this, she had lost 18 pounds since 2017.

Resident #1's weight record noted the following weights: - 146.6 pounds (lb.), -146.6 lb., - 146.4 lb., - 147 lb., - 146.2 lb., - 146 lb., - 133 lb., - 133.4 lb., - 131.2 lb., - 128.6 lb. and - 128 lb. There was a 13 pound weight loss recorded from and from, there was a total weight loss of 18 pounds in 5 months. The resident's record did not contain evidence to confirm that the facility had contacted the family and health care provider to make them aware of the unplanned weight loss.

On at 2:30 PM, the memory care coordinator confirmed there were no notes regarding the weight loss and that the health care provider and family were contacted. She reviewed the chart and found that the resident was having stomach problems that were being treated by the health care provider.

2. Resident #5's health assessment form 1823, dated, reflected that the health care provider noted the resident required assistance with all bathing, dressing,, transferring, ambulation, and toileting. He had diagnoses that included, and The health care provider noted " precautions".

The facility's observation notes reflected the following 24, some with injuries:
. at 11 PM - "resident observed on the floor outside in the courtyard at 3 PM. Resident had small

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... at his nose. Unable to ascertain if it recently happened." ... - 7 AM-PM - "resident slipped out of wheelchair on his knees in courtyard. He constantly tries to stand." ... - 7 AM-PM - "resident was observed on patio, he slipped out of his wheelchair and was on the patio floor. Resident tries to stand up frequently and does not have the leg strength." ... - 3-11 PM - "on floor outside in the gazebo area in a sitting position next to his wheelchair, resident has sustained an ... on the right elbow area. The site cleaned." ... - 3-11 PM shift - "resident was observed on the floor in the hallway in front of the door by his wheelchair in sitting position. No apparent injury." ... - 3-11 PM shift - "observed resident in bushes by sidewalk no apparent injuries." at 3:30 PM - "resident observed on the floor in the hallway ... Resident was self-toileting...and ended up on the floor resident previous cut above right eye had small opening, site cleaned and covered." ... - no time - "resident slipped from wheelchair in activities ... , he denied pain. Resident had small area ... at side of forehead, he denied hitting his head." at 7:30 PM - "this nurse was called in the ... , resident was already sitting in the wheelchair per CNA (Certified Nursing Assistant) on duty, resident got up by himself when she left the ... come to get this nurse, resident was still on the floor. No injuries." - 7 AM-3 PM - "resident observed on floor in ... , no apparent injuries, said he slipped off seat at 9 PM - "resident found in kitchen on floor. Helped resident back in chair. Resident has ... Resident's family member took him to the hospital." at 12 AM - "resident returned to the facility, small-medium sized bandage to right hand." ... - 7 AM-3 PM - "resident brought to nurses station by aid, said he ... on right elbow." around 9:30 PM - "CNA was trying to bring resident back in from back patio. Resident tried to get up and ... in the hallway, no apparent injuries noted." - 7 AM-3 PM - "resident slid to floor from wheelchair while in activity ... No apparent injury - 3 PM-11 PM-resident in activity ... slid from wheelchair to floor. Staff tried catching resident before hitting floor. Resident assisted back to wheelchair. No apparent injuries. - 3 PM-11 PM - "during last round at 10:45 PM, CNA observed resident completely naked, sitting on the floor in the middle of his ... from his nose. Knee ... Sent to emergency observation." at 6:40 AM - "EMT (Emergency Medical Technicians) brought resident back. Had brace on right leg, dressing on right elbow and ...-Aid on right knee." at 5 PM - "at dinner time, nurse was called to dining ... resident was choking, nurse performed Heimlich maneuver and resident was able to ... out a piece of meat." - 7 AM-3 PM - "called to hallway ... resident found sitting in wheelchair with		

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knee brace off. Feces and observed smeared around the floor. Resident transported to hospital." -resident returned to facility around 7 PM. Multiple noted on arms. Knee remains at 10:15 PM - "nurse called to resident staff observed him sitting on the floor in front of his bed. Cut noted on his chin. Cleansed and -Aid applied. No other injury noted. Staff and nurse helped him back to bed." - 3 PM-11 PM - "Observed resident out of wheelchair while in activity area. Resident hit left side of forehead on the floor, large amount of on the floor and heavy flow coming from open area on forehead. Resident alert and normal behavior. Transported to hospital." at 10 PM - "resident returned from hospital. Open area on right forehead with 3 stitches, small cut above eyebrow. done at hospital was negative." - "resident was moved to [new] facility." Resident #5's did not contain documentation to confirm that the health care provider was contacted to discuss the resident's frequent . There was no documentation of any proactive measures in place to minimize the , some with injuries, requiring a higher level of care. On at 1 PM, the memory care coordinator confirmed the findings and said she had spoken with the family about the resident's and wanted to get a cushion for the wheel chair because he would slide out of the chair to the floor. S he said the family would not agree to the purchase. She said the family later hired a private duty care giver to stay with him during the day. Class II		